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| Case Number: | CM14-0154777 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 08/24/2011 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 09/04/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46-year-old female with an 8/24/11 date of injury, when she injured her lower back. The patient was seen on 7/22/14 with complaints of continued lower back pain radiating into the lower extremities with numbness and weakness. The patient has been noted to be on Gabapentin, Anaprox, Norco, Zolofl and Ambien and the patient was approved for a lumbar epidural steroid injection. Exam findings revealed spasm and tenderness on the paravertebral muscles of the lumbar spine, decreased range of motion and antalgic gait. The diagnosis is lumbosacral neuritis and radiculopathy, hip tendonitis/bursitis and lumbar disc displacement. Treatment to date: work restrictions and medications. An adverse determination was received on 9/4/14 for a lack of red flag factors and specific neurological deficits on the exam.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. In addition, the radiographs of the lumbar spine were not available for the review. Therefore, the request for MRI lumbar spine without contrast was not medically necessary.